

MARYLAND HIGHER EDUCATION COMMISSION

Maryland ADAPTS Grant Program Request for Proposals



Application Cover Page

Lead Applicant Institution: _____

Project Title: _____

Project Director: _____

Campus Telephone: _____ E-mail: _____

Campus Mailing Address: _____

Grants Office Contact, Name & Title (post award): _____

Campus Telephone: _____ Email: _____

Campus Mailing Address: _____

Finance or Business Office Contact, Name & Title: _____

Campus Telephone: _____ Email: _____

Campus Mailing Address: _____

Certification by authorizing official (Chief Academic Officer, Provost, VP level or above):

Name: _____ Title: _____

Signature: _____

Maryland ADAPTS Grant Program Budget

Institution/Project Director: _____

Budget Category	Description	(1) Budget Request	(2) In-Kind/ Match	(3) Total Budget
1) Technology and equipment	Sample Budget Line Item	\$1,000	\$200	\$1,200
	Subtotal	\$1,000	\$200	\$1,200
2) Technical assistance				
	Subtotal			
3) Training				
	Subtotal			
4) Travel				
	Subtotal			
5) Communication				
	Subtotal			
6) Staff				
	Subtotal			
7) Other				
	Subtotal			
Total				

Budget Narrative (please include an itemized description of each budget line above):

- 1) Technology and equipment
- 2) Technical assistance
- 3) Training
- 4) Travel
- 5) Communication
- 6) Staff
- 7) Other